

Written evidence submitted by The Chartered Society of Physiotherapy (WBR0074)

To: Rt Hon Jeremy Hunt MP & Members of the Health & Social Care Select Committee
Chair of Health & Social Care Select Committee
House of Commons
London
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The CSP is the professional, educational and trade union body for the UK's 59,000 registered physiotherapists, physiotherapy students and support workers.

The profession has played an essential role throughout the Covid19 pandemic. From intensive care through to community rehabilitation, physiotherapists have been providing care for patients most affected by Covid19. Physiotherapists and physiotherapy support workers have been critical in enabling non-Covid19 patients' rehabilitation and discharge from hospital. Retired physiotherapists, furloughed & redeployed physiotherapy staff, and physiotherapy students have mobilised during the pandemic. Physiotherapy contributes to the health and wellbeing of healthcare workers, unpaid workers and volunteers, and other key workers.

CSP recommendations

More needs to be done to tackle the root causes of workplace stress and ill health in the physiotherapy workforce rather than rely on an individual's resilience through:

- Expanding workforce – take full advantage of the growth in physiotherapy graduate numbers and guaranteeing physiotherapy students an NHS job on graduation and making temporary positions created to respond to the pandemic into permanent roles
- Increased capacity in community and primary care teams by providing more training for support workers and physiotherapy advanced practice capabilities
- Planning by local People Plan Boards to tackle rising unmet rehabilitation needs resulting from Covid19, directly and indirectly
- Learning the lessons from Covid19 workforce redeployment and ensuring in future spikes, more is done to protect capacity in community teams with full utilisation of the temporary workforce.
- Ensuring time and resource is given to implement new Discharge to Assess Policies, with full and proper staff engagement and consultation
- Continue advancements in flexible working, as set out in the NHS People's Plan's People Promise
- Prioritise meeting the IT system, training and equipment needs of physiotherapy staff to support service redesign and working across teams
- Physiotherapy staff must be given appropriate PPE and testing.

1 Existing Workforce Issues Pre Covid-19

- 1.1 In spite of NHS England's focus on workforce wellbeing in recent years, staff experience has been relatively static with no increase in wellbeing reported.¹
- 1.2 Even before Covid19 the physiotherapy workforce was under considerable pressure, which manifested itself in issues of poor work/life balance, low morale, retention, sickness absence and presenteeism. The CSP's *Pinpoint the Pressure* survey in 2017 found that physiotherapy staff were experiencing work-related stress with the primary causes of understaffing, unpaid overtime, lack of

breaks or adequate staff rest facilities, and insufficient resources. Consequently, 1 in 5 'seriously' considered leaving their current jobs.²

- 1.3 In the 2019 NHS staff survey 59% of physiotherapy staff stated that their morale had deteriorated with the highest ranked cause (74%) being stress and 58% dissatisfaction with the level of care they are able to provide.³
- 1.4 The 2019 NHS Staff Survey also showed that 52% of physiotherapists and 60% of Allied Health Professional (AHP) support staff report feeling pressured to return to work whilst unwell.⁴ This undermines the wellbeing of staff and patient safety.⁵
- 1.5 Work-related stress impacts on sickness rates, with over 1 in 5 registered physiotherapists' sickness absences being directly attributed to stress, rising to over 25% of sickness absences by AHP support workers as of September 2019 (NHS Digital survey).⁶
- 1.6 Unpaid overtime impacts on physiotherapy staff's work life balance and wellbeing, and points to understaffing. The 2019 NHS Staff Survey showed 69% of NHS physiotherapists in England regularly work unpaid overtime each week⁷. This figure has remained steady, with 71% reporting working regular unpaid overtime in 2015.⁸
- 1.7 63% of physiotherapy staff felt they did not have enough time or resources to do the job with the main reasons for working unpaid overtime to maintain quality of care (72%), paperwork (70%), and inadequate staffing (31%).⁹
- 1.8 Over half reported that their employer had responded to the financial challenges facing the NHS by reducing the number of posts in their department and 42% by recruitment freezes¹⁰. This is at a time when demand for physiotherapy to meet the needs of the population, better manage demand on NHS, and social care services is rising.
- 1.9 Morale and wellbeing of the physiotherapy workforce has been boosted by benefitting from the NHS' sustained focus on flexible working. The 2019 NHS Staff Survey found that 57% of physiotherapists and 50% of support staff were satisfied with the opportunities for flexible working patterns in the NHS in England. These figures rose 5 and 6 percentage points, respectively, between 2015 and 2019.

2 Additional pressures on workforce due to Covid-19

- 2.1 Physiotherapy staff have played an essential role throughout all phases of the Covid19 pandemic and the current recovery, demonstrating remarkable resilience. Going forward there is a need to strengthen that resilience by tackling the root causes of workplace burn out, in particular staffing levels.
- 2.2 During the first phase of the response to Covid19, significant numbers of physiotherapy staff were redeployed from community to acute sectors as part of this, and thousands of students, retirees and non-NHS staff were mobilised to be part of the temporary register of staff.
- 2.3 The ability of physiotherapy staff in community rehabilitation services to meet the complex rehabilitation needs of Covid19 survivors coming out of hospital was hampered by the loss of deployed staff and inability to access the temporary register to replace them, which meant temporary staff were underutilised. Only 10% of people on the national temporary registered were used with some Trusts resorting to using bank staff instead.
- 2.4 The scale of rehabilitation need that has been stored up is now becoming clear with the impact of lock down on people with long term conditions and frailty together with the backlog of elective

care, and the additional new needs of Covid19 survivors.¹¹ Addressing rehabilitation needs is necessary to address health inequalities.

- 2.5 For Covid19 survivors alone, the CSP has calculated that of the estimated 143,917 patients who have attended hospital and survived Covid19, 57,032 require community-based rehabilitation. This equates to a total of 1,920,946 hours of rehabilitation, which with current models of care requires an increased capacity equating to 2,339 FTE new physiotherapy staff to address this additional need within 1 year.¹²
- 2.6 As community services restart, it is essential that they are given resources and staffing needed to meet the build up of rehabilitation needs both for people recovering from Covid19 and for non-Covid patients.
- 2.7 A new Discharge to Assess process¹³ is being implemented in all hospitals, which represents a significant change for many physiotherapy staff in how they work. The CSP strongly supports this in principle and believe this is in the long-term interests of patients. However, it is essential that this is managed well and that staffing and resourcing requirements are fully considered. Particularly in the current context, it is essential that this significant change is fully resourced and the best practice is employed in supporting and engaging physiotherapy staff in its implementation.
- 2.8 The initial lack of inclusion of physiotherapy staff working with Covid19 patients within PPE guidelines created additional stress and uncertainty, particularly for those at greatest risk from Covid19 such as the workforce from BAME communities and staff with underlying health conditions. Going forward wherever physiotherapy staff are providing face-to-face services in any setting, they must be given appropriate PPE and testing.
- 2.9 Safe rest spaces play an important role in enabling staff to manage and process the physical and psychological demands of the work. Some CSP members have reported a return of proper rest space for staff due to social distancing guidelines and highlight the positive impact this has on their wellbeing. It is therefore important that provision of staff rest facilities be retained in the future.

3 Future workforce

- 3.1 To reduce burnout on the frontline the recent strong growth in physiotherapy student numbers must translate into timely posts. The CSP recommends the introduction of a guarantee to all physio graduates of a 5-year NHS contract to those who want it to address the imbalance between the current supply and demand.
- 3.2 Permanent contracts should be offered to physios who have entered the NHS temporarily due to Covid19, but who now want to stay on.
- 3.3 A greater proportion of physiotherapists need to be equipped with Advanced Practice skills. This is necessary to increase capacity in the Community and Primary Care workforce and to facilitate the roll out of First Contact MSK physiotherapists.
- 3.4 All physiotherapy staff need to have protected access to CPD time.
- 3.5 Further reduction to pressure on the frontline can be achieved by expanding the support workforce, as a proportion of the physiotherapy workforce and higher-level role development for existing support workers. To facilitate this, support workers should get access to personal training and development budgets, currently planned only for registered professionals. To ensure greater retention salaries for the unregistered workforce in the social care sector should be enhanced with a clear commitment to career development pathways.

3.6 Physiotherapy teams have shown resilience in driving the development of remote service models to meet some urgent non-covid population need during the height of the pandemic. To capitalise on this as part of future service delivery the workforce must be supported with laptops, wifi and IT training. Before the pandemic, key workplace stressors were IT issues such as lack of computers, suitable software and access to training. This had a particularly negative impact for some older staff, exiting their careers early.¹⁴

The CSP would welcome the opportunity to meet with committee members to discuss any of this further.



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For further information on anything contained in this response or any aspect of the Chartered Society of Physiotherapy's work, please contact:

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¹ <http://www.nhsstaffsurveyresults.com/download-dashboard-data-2019/>

² CSP focus groups, Summer 2015

³ <http://www.nhsstaffsurveyresults.com/download-dashboard-data-2019/>

⁴ <http://www.nhsstaffsurveyresults.com/download-dashboard-data-2019/>

⁵ <http://www.nhsstaffsurveyresults.com/download-dashboard-data-2019/>

⁶ Source: NHS Digital NHS Hospital & Community Health Service (HCHS) workforce statistics. (Experimental)

⁷ <http://www.nhsstaffsurveyresults.com/download-dashboard-data-2019/>

⁸ <https://www.nhsstaffsurveys.com/Page/1062/Past-Results/Staff-Survey-2015-Detailed-spreadsheets/>

⁹ <http://www.nhsstaffsurveyresults.com/download-dashboard-data-2019/>

¹⁰ Joint Union Survey, conducted by IDS, Summer 2015

¹¹ <https://academic.oup.com/ageing/article/49/5/696/5848215>

¹² CSP; COVID-19 physiotherapy workforce requirements modeller, forthcoming

¹³ <https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-mode>

¹⁴ CSP's ERUS Pinpoint the Pressure staff survey, 2017